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PTO/SB/21 (modified)
Approved for use through xx/xx/xx, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|--|---------------------|--|------------------------|------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i> | 0001/PTO Rev. 10/95 | U.S. Department of Commerce Patent and Trademark Office | Application Number | 09/757,963 |
| | | | Filing Date | January 10, 2001 |
| | | | First Named Inventor | John S. Flowers et al. |
| | | | Group Art Unit Number | 2131 |
| | | | Examiner Name | Gail O. Hayes |
| Total Number of Pages in This Submission | | 26* | Attorney Docket Number | 23327-06896 |

RECEIVED

| ENCLOSURES (check all that apply) | |
|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Checks Enclosed: \$144.00 / Extra Dependant Claims \$130.00 / Petition to Make Special | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Supplemental IDS & PTO/SB/08A | <input checked="" type="checkbox"/> Petition to Make Special Under 37 C.F.R. § 1.102 (d) and M.P.E.P § 708.02 II For Actual Infringement |
| <input checked="" type="checkbox"/> *Copies of IDS Cited References (37) | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Preliminary Amendment [11] Pages | <input type="checkbox"/> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> |
| <input type="checkbox"/> Status Request | <input type="checkbox"/> |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | <input type="checkbox"/> |

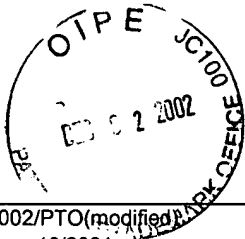
REMARKS: * total pages submitted does not include references cited

DEC 04 2002

Technology Center 2100

| SIGNATURE OF ATTORNEY OR AGENT | | | |
|--------------------------------|-----------------------------------|--------|-------------------|
| Signature: | | | |
| Attorney/Reg. No.: | Brian M. Hoffman, Reg. No. 39,713 | Dated: | November 26, 2002 |

| CERTIFICATE OF MAILING | | | |
|---|------------------|--------|-------------------|
| I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10. | | | |
| Signature: | | | |
| Typed or Printed Name: | Brian M. Hoffman | Dated: | November 26, 2002 |
| Express Mail Mailing Number (optional): | | | |



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|--|--|--------------------------|------------------------|
| 0002/PTO(modified) Rev. 10/2001 | U.S. Department of Commerce Patent and Trademark Office | Complete if Known | |
| | | Application Number | 09/757,963 |
| | | Filing Date | January 10, 2001 |
| | | First Named Inventor | John S. Flowers et al. |
| | | Group Art Unit | 2131 |
| | | Examiner Name | Gail O. Hayes |
| FEE TRANSMITTAL | | Attorney Docket Number | 23327-06896 |
| TOTAL AMOUNT OF PAYMENT | | RECEIVED | |
| Subtotal (1) + Subtotal (2) + Subtotal (3) = | | (\$ 274.00) | |

| | | |
|--------------------------|------------------------------------|--------------------|
| METHOD OF PAYMENT | FEE CALCULATION (continued) | DEC 04 2002 |
|--------------------------|------------------------------------|--------------------|

| | | | |
|--|--|--|-------------------------------|
| 1. The Commissioner is hereby authorized to: | 3. ADDITIONAL FEES | | Technology Center 2100 |
| | <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. | <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. [†] | |
| <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 | | | |
| Deposit Account Number: 19-2555 Deposit Account Name: FENWICK & WEST LLP | | | |
| A Duplicate Copy of this authorization is attached | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: | | | |
| <input checked="" type="checkbox"/> Checks <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | | | |

| | | | |
|--|-------------------------------------|--|--------------------|
| FEE CALCULATION (fees effective 10/01/2001) | | | |
| 1. FILING FEE | | | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Description | Fee Due |
| 1001/\$740 | 2001/\$370 | Utility Filing | |
| 1002/\$330 | 2002/\$165 | Design Filing | |
| 1004/\$740 | 2004/\$370 | Reissue | |
| 1005/\$160 | 2005/\$80 | Provisional Filing | |
| SUBTOTAL (1) | | | (\$ 0.00) |
| 2. CLAIMS | | | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Description | |
| 1202/\$18 | 2202/\$9 | Claims in excess of 20 | |
| 1201/\$84 | 2201/\$42 | Independent claims in excess of 3 | |
| 1203/\$280 | 2202/\$140 | Multiple dependent claim | |
| 1204/\$84 | 2204/\$42 | Reissue independent claims over original patent | |
| 1205/\$18 | 2205/\$9 | Reissue claims in excess of 20 and over original patent | |
| 3. ADDITIONAL FEES | | | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Description | Fee Due |
| 1051/\$130 | 2051/\$65 | Surcharge - late filing fee or oath | |
| 1052/\$50 | 2052/\$25 | Surcharge-late provisional filing fee or cover sheet | |
| 1812/\$2,520 | 1812/\$2,520 | For filing a request for reexamination | |
| 1251/\$110 | 2251/\$55 | Extension for response within first month [†] | |
| 1252/\$400 | 2252/\$200 | Extension for response within second month [†] | |
| 1253/\$920 | 2253/\$460 | Extension for response within third month [†] | |
| 1254/\$1,440 | 2254/\$720 | Extension for response within fourth month [†] | |
| 1255/\$1,960 | 2255/\$980 | Extension for response within fifth month [†] | |
| 1401/\$320 | 2401/\$160 | Notice of Appeal | |
| 1453/\$1,280 | 2453/\$640 | Petition to revive unintentionally abandoned application | |
| 1501/\$1,280 | 2501/\$640 | Utility Issue Fee (Or Reissue) | |
| 1502/\$460 | 2502/\$230 | Design Issue Fee | |
| 1460/\$130 | 1460/\$130 | Petitions to the Commissioner | 130 |
| 1806/\$180 | 1806/\$180 | Submission of Information Disclosure Statement | |
| 1801/\$740 | 2801/\$370 | Request for Continued Examination (RCE) | |
| 8021/\$40 | 8021/\$40 | Recording each patent assignment per property (times number of properties) | |
| 1809/\$740 | 2809/\$370 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810/\$740 | 2810/\$370 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| Other fee (specify): | | | |
| Other fee (specify): | | | |
| SUBTOTAL (3) | | | (\$ 130.00) |

| | | | | | | | |
|--|------------------------|---------------------------------|---------|----------|---------|---------------------|--------------------|
| (Col. 1) | | (Col. 2) | | (Col. 3) | | | |
| For | No. of Existing Claims | Highest No. Previously Paid For | Extra** | Fee | Fee Due | | |
| TOTAL | 36 | 20 or 20 | 16 | x 9 | = 144 | | |
| INDEP | 3 | 3 or 4 | 0 | x 42 | = 0 | | |
| [] First presentation of multiple dependent claim | | | | | | | |
| * Subtract the greater number of Col. 2 | | | | | | SUBTOTAL (2) | (\$ 144.00) |
| ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3 | | | | | | | |

| | | | |
|-----------------------|------------------|---------------------------------|-------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Typed or Printed Name | Brian M. Hoffman | Reg. Number | 39,713 |
| Signature | | Date | November 26, 2002 |

[†] Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby